

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2290

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Wickenburg</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Wickenburg Rural</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Community Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>5 mi East of Wickenburg</u>	
3. NAME OF DECEASED (TYPE OR PRINT) <u>George H. Brumm</u>		4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>Jan</u> DAY <u>21</u> YEAR <u>1890</u>	8. AGE YEARS <u>61</u> MONTHS <u>3</u> DAYS <u>1</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Retired auto mechanic</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>mechanic</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Missouri</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes WW #1</u>
13. SOCIAL SECURITY NO. <u>none</u>	14A. FATHER'S NAME <u>Henry Brumm</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>	15A. MOTHER'S MAIDEN NAME <u>unknown</u>
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>	16. INFORMANT'S SIGNATURE <u>E. J. Brumm</u> ADDRESS <u>P.O. Box 386 Wickenburg Arizona</u>		17. DATE OF DEATH (MONTH) <u>4</u> (DAY) <u>22</u> (YEAR) <u>51</u>
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTION.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>bronchitis and</u> DUE TO (c) <u>pulmonary fibrosis - increased during war</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>I</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u> <u>33 years</u>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9-6-49</u> TO <u>4-22-51</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>4-21-51</u> AND THAT DEATH OCCURRED AT <u>2:55 PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>J. A. Shuman</u> (DEGREE OR TITLE) <u>M.D.</u>		23B. ADDRESS <u>Wickenburg Arizona</u>	
23C. DATE SIGNED <u>4-25-51</u>		24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>	
24B. DATE <u>4-28-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Wickenburg</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Wickenburg Arizona</u>		25A. DATE REC'D BY LOCAL REG. <u>4-25-51</u>	
25B. REGISTRAR'S SIGNATURE <u>Muri Coffinger</u>		25C. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Coffinger</u>	
25D. EMBALMER'S SIGNATURE <u>H. L. Coffinger</u>		25E. CERT. NO. <u>188-A</u>	

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